

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048048

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

301

Primary Registration District No.

Registrar's No.

97

LED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY

Ripley

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Doniphan

Length of stay in lb
5 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
Ripley County Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ripley

c. CITY OR TOWN

Doniphan, Rt. 7

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

3 Mi. West of Doniphan

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Johnnie Samuel Swift

4. DATE OF DEATH

Month

Day

Year

Nov. 30, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 29 1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Timber Worker

10b. KIND OF BUSINESS OR INDUSTRY

Forestry

11. BIRTHPLACE (City and state or country)

Linn Creek, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charley Swift

13b. MOTHER'S MAIDEN NAME

Florence Davis

14. NAME OF HUSBAND OR WIFE

Hattie Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hattie Swift, Doniphan, Mo. Rt. 7

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Meningitis

INTERVAL BETWEEN ONSET AND DEATH

2 days

DUE TO (b)

Basal Cell Ca of Pharynx

DUE TO (c)

C. 2° infection of area

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 62 to death and last saw him alive on 11-30-62.

Death occurred at 10:30 A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gene H. Leroux, M.D.

22b. ADDRESS

Doniphan, Mo.

22c. DATE SIGNED

12-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Dec. 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

Lone Star Cemetery

23d. LOCATION (City, town, or county)

Ripley County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ray Means, Doniphan, Missouri

25. DATE RECD. BY LOCAL REG.

12-2-62

26. REGISTRAR'S SIGNATURE

Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

APR 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ray Meams

Licensed Embalmer No. 3743

P. O. Address Donipham, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.